GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:4433
ANSWERED ON:12.08.2016
Status of Institutional Birth
Girri Shri Maheish

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has assessed the status of Institutional Birth in the country as per the National Family Health Survey- 4;

(b) if so, the details thereof, State/UTwise; and

(c) the steps taken by the Government to improve the status of Institutional Birth for the States/UTs having poor performance on the said parameters?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SMT. ANUPRIYA PATEL)
(a) & (b): National Family Health Survey -4, (NFHS-4) is carried out in two phases. Field work of the States/UTs pertaining to first phase has been completed and key results published for 18 States/UTs. It is observed that percentage of Institutional Births, for the States/UTs whose key results are published in NFHS-4(2015-16), has increased in comparison to those found in
NFHS-3(2005-06). A statement showing Institutional Births in percentage for 18 States/UTs published in NFHS-4 alongwith their comparative values in NFHS-3 is given at Annexure.

(c): The steps taken under the National Health Mission to increase the percentage of Institutional Births further across the country include the following:

â€¢ Promotion of institutional deliveries through Janani Suraksha Yojana (JSY) wherein JSY incentive is being given to all BPL/ SC/ ST pregnant women delivering in Government health facilities/ accredited private institutions in both High Performing States and Low Performing States regardless of age of mother and number of children.
â€¢ Implementation of Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women irrespective of caste and age delivering in public health institutions to absolutely free and no expense delivery, including caesarean section. Similar entitlements have been put in place for all sick infants accessing public health institutions for treatment.
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â€¢ Operationalization of Sub-Centers, Primary Health Centers, Community Health Centers and District Hospitals for providing 24x7 basic and comprehensive obstetric care.
â€¢ Capacity building of health care providers in basic and comprehensive obstetric care with a strategic initiative "Dakshata" to enable service providers in providing high quality services during childbirth at the institutions.
â€¢ Use of Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
â€¢ Implementation of Mother and Child Tracking System to ensure antenatal, intranatal and postnatal care along-with immunization services.
â€¢ Engagement of more than 9.15 lakh Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
â€¢ Organisation of Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services.
â€¢ Tracking and line listing of severely anaemic cases of pregnant women at sub centres and PHCs for their timely management.
â€¢ Operationalization of Safe Abortion Services and Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI) at health facilities with a focus on "Delivery Points".
â€¢ Implementation of Maternal Death Review across the country both at facilities and in the community. The purpose is to take corrective action at appropriate levels and improve the quality of obstetric care.
â€¢ Establishing Maternal and Child Health Wings at high caseload facilities to improve the quality of care provided to mothers and children.
â€¢ Availability of assured referral transport through 108/102 toll free call centre.
â€¢ Implementation of a new initiative of "Prevention of Post-Partum Hemorrhage (PPH) through Community based advance distribution of Misoprostol" by ASHAs/Auxiliary Nurse Midwifes for high home delivery districts.

â€¢ Newer interventions to reduce maternal mortality and morbidity by improving quality in ante-natal care and intrapartum care- Diagnosis & management of Gestational Diabetes Mellitus, Hypothyroidism during pregnancy, Training of General Surgeons for performing Caesarean Section, Calcium supplementation during pregnancy and lactation, De-worming during pregnancy, Maternal Near Miss Review, Screening for Syphilis during pregnancy and Dakshata guidelines for strengthening intra-partum care.
â€¢ The Pradhan Mantri Surakshit Matritva Abhiyan has been introduced with the aim of conducting special Antenatal Care check-ups for pregnant women (in their 2nd / 3rd Trimesters of pregnancy) in the country on 9th of every month by Medical Officer/ Obstetrics and Gynecology specialist in the government health facilities and also through private sector on voluntary basis.

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